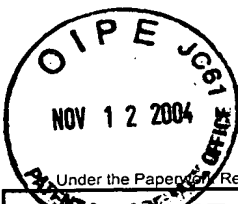


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) JJJ-P01-514	
Application Number 09/445328		Filed	December 7, 1999
For THERAPIES FOR ACUTE RENAL FAILURE			
Art Unit 1647		Examiner D. S. Romeo	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 55,535			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)			
_____ Signature		November 12, 2004 Date	
Ignacio Perez de la Cruz Typed or printed name		(212) 497-3613 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ED 181235298 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 12, 2004 Signature: Linda Blake (Linda Blake)



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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/445328
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 7, 1999
110.00		First Named Inventor	Kuber T. Sampath
		Examiner Name	D. S. Romeo
		Art Unit	1647
		Attorney Docket No.	JJJ-P01-514
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1053 130 1053 130 Non-English specification	
FEE CALCULATION		1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1. BASIC FILING FEE		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
Large Entity Small Entity		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Fee Code Fee (\$)	Fee Code Fee (\$)	1251 110 2251 55 Extension for reply within first month 110.00	
1001 790 2001 395 Utility filing fee		1252 430 2252 215 Extension for reply within second month	
1002 350 2002 175 Design filing fee		1253 980 2253 490 Extension for reply within third month	
1003 550 2003 275 Plant filing fee		1254 1,530 2254 765 Extension for reply within fourth month	
1004 790 2004 395 Reissue filing fee		1255 2,080 2255 1,040 Extension for reply within fifth month	
1005 160 2005 80 Provisional filing fee		1401 340 2401 170 Notice of Appeal	
SUBTOTAL (1) (\$) 0.00		1402 340 2402 170 Filing a brief in support of an appeal	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1403 300 2403 150 Request for oral hearing	
Total Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
Independent Claims <input type="text"/> ** = <input type="text"/> x <input type="text"/> = <input type="text"/>		1452 110 2452 55 Petition to revive - unavoidable	
Multiple Dependent <input type="text"/> = <input type="text"/>		1453 1,370 2453 685 Petition to revive - unintentional	
Large Entity Small Entity		1501 1,370 2501 685 Utility issue fee (or reissue)	
Fee Code Fee (\$)	Fee Code Fee (\$)	1502 490 2502 245 Design issue fee	
1202 18 2202 9 Claims in excess of 20		1503 660 2503 330 Plant issue fee	
1201 88 2201 44 Independent claims in excess of 3		1460 130 1460 130 Petitions to the Commissioner	
1203 300 2203 150 Multiple dependent claim, if not paid		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1204 88 2204 44 ** Reissue independent claims over original patent		1806 180 1806 180 Submission of Information Disclosure Stmt	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
SUBTOTAL (2) (\$) 0.00		1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
**or number previously paid, if greater; For Reissues, see above		1810 790 2810 395 For each additional invention to be examined (37CFR 1.129(b))	
		1801 790 2801 395 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Ignacio Perez de la Cruz	Registration No. (Attorney/Agent)	55,535
Signature	<i>Ignacio Perez de la Cruz</i>	Telephone	(212) 497-3613
		Date	November 12, 2004

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Dated: November 12, 2004 Signature: *Linda Blake* (Linda Blake)